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## BIB DATA SHEET

CONFIRMATION NO. 6517

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/758,966	01/16/2004 RULE	204	1792	F125
<b>APPLICANTS</b> Diane K. Stewart, Ipswich, MA; J. David Casey JR., West Roxbury, MA; Joan Williams Casey, West Roxbury, MA, Legal Representative; John Beaty, Belmont, MA; Christian R. Musil, New Providence, NJ; Steven Berger, Portland, OR; Sybren J. Sijbrandij, Arlington, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/440,442 01/16/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/20/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ALLAN W OLSEN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 16	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> MICHAEL O. SCHEINBERG P.O. BOX 164140 AUSTIN, TX 78716-4140 UNITED STATES				
<b>TITLE</b> Electron beam processing for mask repair				
<b>FILING FEE RECEIVED</b> 468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	